



Atty. Docket No.
99,316/1105.025

- 1 -

2856
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: William P. Schenk Jr.

Serial No.: 10/004,485

Group Art Unit: 2856

Filed: 11/02/2001

Examiner: Fitzgerald, John P.

Title: MAGNETIC MOUNTING ASSEMBLY

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on February 4, 2005.

Richard L. Sampson, Jr.
Attorney for Applicants
Reg. No. 37,231

Date of Signature: February 4, 2005

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE AND AMENDMENT UNDER 37 CFR §1.121

Dear Sir:

This paper is filed in response to the Office action mailed October 5, 2004. With the attached request for a one month extension of time in which to answer the Office action, a

03/07/2005 TSTPTOE 00000004 500/24 10004402

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In the unlikely event that the transmittal letter is separated from this document and the Patent Office determines that an extension and/or other relief is required, applicant petitions for any required relief including extensions of time and authorizes the Assistant Commissioner to charge the cost of such petitions and/or other fees due in connection with the filing of this document to **Deposit Account No. 50-0734** referencing docket no. 99,316/1105.025. However, the Assistant Commissioner is not authorized to charge the cost of the issue fee to the Deposit Account.

Respectfully submitted,



Richard L. Sampson
Attorney for Applicants
Registration No. 37,231

Dated: February 4, 2005

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

Application or Docket Number

10/0004485

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐

RATE	FEE
BASIC FEE	395.00
x 25	
x 100	
+ 180	
TOTAL	

OR OTHER THAN
SMALL ENTITY

RATE	FEE
BASIC FEE	790.00
x 50	
x 200	
+ 360	
TOTAL	

CLAIMS AS AMENDED - PART II

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	* 36	Minus	** 36	=
	Independent	* 2	Minus	*** 15	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY

RATE	ADDITIONAL FEE
x 25	
x 100	
+ 180	
TOTAL ADDIT. FEE	

OR OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE
x 50	
x 200	
+ 360	
TOTAL ADDIT. FEE	

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	Minus	**	=	
	Independent	Minus	***	=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE
x 25	
x 100	
+ 180	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
x 50	
x 200	
+ 360	
TOTAL ADDIT. FEE	

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	Minus	**	=	
	Independent	Minus	***	=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE
x 25	
x 100	
+ 180	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
x 50	
x 200	
+ 360	
TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.